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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

AMERICAN FEDERATION OF
GOVERNMENT EMPLOYEES, AFL-CIO, *et*
al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity as
President of the United States, *et al.*,

Defendants.

Case No. 3:25-cv-03698

**DECLARATION OF SUSAN PHILIP
IN SUPPORT OF PLAINTIFFS' MOTION
FOR PRELIMINARY RELIEF**

DECLARATION OF SUSAN PHILIP

I, Susan Philip, declare as follows:

1. I am a board-certified physician, the Health Officer for the City and County of San Francisco, and Director of the Population Health Division of the San Francisco Department of Public Health (SFPDH). I have worked for SFPDH since 2005 and previously served as a Deputy Health Officer and the Director of the Disease Prevention and Control branch in the Population Health Division. In that role, I oversaw population level clinical, biomedical, and disease intervention efforts to reduce communicable and chronic diseases in San Francisco. Except where otherwise indicated, the following facts are known to me personally, and if called upon as a witness, I would testify to them competently.

2. I received my M.D. from Washington University in St. Louis and trained as a resident in Internal Medicine at the University of Chicago. I also have an MPH from the Harvard School of Public Health, after which I completed a fellowship in Infectious Diseases at the University of California, San Francisco (UCSF). I am an Assistant Clinical Professor of Medicine in the Division of Infectious Diseases at UCSF, and have previously been an HIV primary care provider at San Francisco City Clinic.

3. Widespread terminations at the Centers for Disease Control and Prevention (CDC) are negatively impacting SFPDH and our public health mission.

4. The STD lab branch within the Division of STD Prevention was eliminated. The CDC's STD lab was an essential resource for public health departments and providers across the country, including SFPDH. The STD lab evaluated and provided insights for newly developed STD tests, served as a reference lab for public health laboratories around the country, and conducted genomic surveillance that was essential for identifying and tracking the spread of resistant STDs. The absence of these vital functions will diminish public health.

5. The CDC's shuttering of this laboratory (and others) is of great concern to the public health community for other reasons, as well. The closed laboratories hold all kinds of samples in their freezers that were awaiting testing and analysis, and now, no one knows what

1 will happen to those samples. If the federal government fails to maintain the samples at the
2 required temperature range, they can spoil and be lost forever. These samples are important to
3 improving public health by monitoring antimicrobial resistant organisms and trends in sexually
4 transmitted diseases and infections (“STIs”). Without them, the country (and SFDPH) will lose
5 important information about trends in antimicrobial resistant organisms and about STIs
6 generally.

7 6. SFDPH is also impacted by the complete closure of the Disease Intervention &
8 Response Branch in the division of STD Prevention at CDC. The staff at this branch were
9 responsible for providing crucial public health assistance to SFDPH and many other public
10 health agencies around the country, primarily by developing the gold standard curriculum and
11 trainings for disease intervention specialists (DIS), like case investigators and contact tracers.
12 Case investigation and contact tracing is a fundamental public health strategy, which many
13 people became familiar with during the COVID-19 pandemic. These paraprofessionals reach out
14 to people who have contracted a communicable disease to ensure they have the treatment they
15 need and identify others with whom they may have been in contact. CDC’s now shuttered
16 Disease Intervention & Response Branch was responsible for conducting trainings of DIS
17 directly, and also funded a network of DIS training centers around the country. The entire branch
18 and the funding for DIS training centers were eliminated. Additionally, staff members in this
19 branch were often dispatched during outbreaks to provide direct support in affected areas, a
20 service that San Francisco benefitted from during COVID.¹ SFDPH relies on the resources
21 provided by the now shuttered Disease Intervention & Response Branch to train people. Without
22 access to those gold standard curriculum and training materials and funding for regional DIS
23 training centers, SFDPH and other local jurisdictions will have significantly reduced capacity
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25 ¹ I am aware that a recent request for similar support from public health officials in Milwaukee,
26 Wisconsin to address lead poisoning in children was rejected because every relevant person at
27 CDC was fired. Here is a news article that discusses this unfortunate development:
28 <https://www.cbsnews.com/news/milwaukee-schools-lead-poisoning-cdc-denies-help/> (accessed
April 28, 2025).

1 and expertise to perform this vital public health function. The support CDC provided for DIS
2 was especially important to prevent the spread of HIV and syphilis, and the lack of support from
3 CDC could mean increased rates of those diseases.

4 7. Terminations and branch closures at CDC are also impacting SFDPH because
5 CDC produces and updates resources that provide essential guidance for how health care
6 providers treat STIs and prevent HIV. The CDC STI treatment guidelines are the primary
7 resource that providers use when determining how to treat patients with STIs. The guidelines
8 ensure that the most evidence-based practices are used, and help ensure uniformity in treatment
9 across jurisdictions. The STI treatment guidelines were last updated in 2020 and are currently
10 being revised. Given the cuts at CDC, it is uncertain when or if the revisions will be issued.
11 Since 2020, data regarding best practices for treating STIs has evolved. If the treatment
12 guidelines are further delayed, providers across the country will use outdated practices to manage
13 patients with STIs, which can lead to treatment failure and antimicrobial resistance. The CDC
14 also produces guidelines for HIV pre-exposure prophylaxis (PrEP). PrEP is a highly effective
15 HIV prevention strategy that has led to a decline in HIV rates in San Francisco. My
16 understanding is that the person at CDC who was the lead for updating the PrEP guidelines was
17 fired. We expect a new PrEP medication to become FDA approved this year; if the CDC is
18 unable to update and release revised PrEP guidelines that incorporate this new highly effective
19 medication, there could be delays in implementing this now tool in clinical practice and people
20 will become HIV infected who could have been protected. We are very concerned that CDC will
21 not issue updated guidelines for STI treatment or updated PrEP guidelines, and that as a result,
22 SFDPH will likely have to divert and expend resources to develop its own guidelines and best
23 practices. The lack of updated CDC guidelines will also mean that hospitals and jurisdictions
24 around the country will likely start diverging in their treatment practices, resulting in a lack of
25 uniformity in how STIs are managed and treated, including possibly in our bay area region. This
26 lack of clear guidance and the possibility of differing guidance across jurisdictions will likely
27 result in provider confusion, patient confusion, and difficulty in ensuring effective treatment, not
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1 only to prevent STI complications in an individual patient, but also to stop further disease
2 transmission.

3 8. The mass layoffs at CDC also threaten crucial funding streams for disease
4 prevention in San Francisco and nationally. Within the CDC's Division of HIV Prevention, five
5 branches were eliminated in early April of 2025 including the Clinical and Behavioral
6 Surveillance Branch. The Clinical and Behavioral Surveillance Branch administers and directs
7 two large projects that SFDPH has been participating in for several decades: the Medical
8 Monitoring Project (MMP) and the National HIV Behavioral Surveillance (NHBS) project.
9 SFDPH has been a funded site for NHBS since the program's inception in 2003. NHBS has
10 provided rigorous population-based data on HIV and STI trends that have helped SFDPH and
11 partners across San Francisco plan and evaluate strategies to reduce HIV infections and deaths.
12 CDC NHBS staff are essential partners to our local SFDPH team—coordinating our efforts with
13 all other NHBS jurisdictions, facilitating required federal administrative tasks, and offering
14 guidance and assistance. Without this team of experts in place at CDC, we do not know how
15 NHBS will continue to function, and its loss will be significant our public health efforts.

16 9. Together, NHBS and MMP support the collection of enhanced clinical and
17 behavioral information about people living with, or at risk for, HIV/AIDS in San Francisco,
18 informs our country's national understanding of the HIV/AIDS epidemic, and generates essential
19 insights into gaps in HIV prevention that inform our local public health approach. Learnings
20 from MMP and NHBS over the past decades have produced data-informed prevention and
21 treatment strategies that improve outcomes and generally support public health. The data
22 generated through MMP and NHBS help with San Francisco's Getting to Zero efforts (zero new
23 HIV infections, zero HIV deaths, and zero HIV stigma), not only for SFDPH's work but also for
24 San Francisco-wide partners and our collective impact approach to HIV, STI, and Hepatitis C
25 prevention. We are deeply concerned that even if Congress continues to appropriate money for
26 NHBS or MMP, there will be no one to administer them and SFDPH will not receive its
27 allocated funding.

1 10. Additionally, toward the end of the first Trump Administration, San Francisco
2 began receiving a supplemental funding stream under the Ending the Epidemic program, which
3 directed a surge of resources to the 57 most affected jurisdictions in the U.S. in a concerted effort
4 to end the HIV epidemic in the U.S. The surge of supplemental funding was supposed to last for
5 approximately ten years, but now that relevant staff at CDC have been terminated, even if
6 Congress appropriates this money for future years, we are concerned about actually receiving the
7 funding due to the lack of personnel to process grants and provide technical assistance. SFPDPH
8 has used this funding to advance our local goals of ending the epidemic. For example, with these
9 funds we have been able to ensure that a higher proportion of people living with HIV are
10 engaged in care, that more people have access to and use PrEP to prevent HIV, and we have been
11 able to identify and respond to clusters of new HIV infections. Without these funds, we expect to
12 experience major setbacks in San Francisco—this would be both heartbreaking and costly after
13 years of progress.

14 11. A structural challenge that CDC helps address is the difficulty of hiring qualified
15 workers into public health jobs. CDC helps support pipeline programs and workforce
16 development through capacity building grants. All of this work is threatened by the recent
17 layoffs. In the long run, there may be significant public health impacts if local public health
18 agencies, like SFPDPH, cannot recruit and hire qualified workers.

19 12. An additional challenge we have experienced at SFPDPH due to the reductions in
20 force at CDC is an inability to upload performance measures and data as part of grant reporting.
21 For example, we receive a grant from the Division of STD Prevention called “Strengthening HIV
22 Prevention Services in STD Clinics.” Our grant progress report was due last week. The portal for
23 entering data was not available and we were unable to submit the data we collected under the
24 grant.

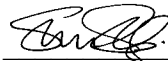
25 13. In general, the cuts at CDC have caused confusion and concern at SFPDPH.
26 Important and expert partners to SFPDPH have been fired from their roles with CDC—people
27 with over 20 years of public health experience who provided technical assistance to SFPDPH and
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1 played important coordinating roles in SFDPH's regional cooperation with other jurisdictions.
2 These experts have navigated public health events around the country (and sometimes globally)
3 that any single local department is unlikely to have experienced. Losing the ability to consult
4 these experienced experts is a significant blow to SFDPH and other local departments.

5 14. Cuts at CDC also threaten the ability of our public hospital within SFDPH,
6 Zuckerberg San Francisco General Hospital and Trauma Center ("ZSFG"), to serve certain rare
7 but high-risk patients. We have been monitoring the risk of receiving a patient with Viral
8 Hemorrhagic Fever in our emergency department. Though the risk is low at this time, it exists.
9 ZSFG is not a designated center to receive such patients, and the only designated center in
10 California is in Los Angeles. So far, ZSFG has not been able to identify any equipped transport
11 for potential patients who arrive at ZSFG with Viral Hemorrhagic Fever. Normally, we would
12 reach out to the CDC for support and assistance, but so far no one has been able to assist from
13 CDC, and we believe this is because the relevant people have been fired. If we are unable to
14 arrange for transport of such patients to Los Angeles, we could be faced with having a highly
15 infectious patient at ZSFG whom we don't have the expertise or equipment to treat.

16 15. Another risk from the CDC terminations arises in the setting of the current U.S.
17 measles outbreak, centered largely in Texas and New Mexico. There are approximately 880
18 measles cases in the U.S. right now, including several in Southern California. CDC staff are the
19 public health authorities who monitor and advise during multi-state outbreaks and have also
20 previously been available to assist state and local public health departments experiencing public
21 health emergencies. If San Francisco experiences an outbreak, there will likely be limited or no
22 help whatsoever from the CDC to support us in managing such cases, which could overwhelm
23 our local resources and result in additional illness or deaths as a result.

24 I declare under penalty of perjury under the laws of the United States that the foregoing is
25 true and correct. Executed April 28, 2025 at San Francisco, California.

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27 SUSAN PHILIP
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